



House of Representatives

General Assembly

File No. 454

February Session, 2002

Substitute House Bill No. 5760

House of Representatives, April 11, 2002

The Committee on Judiciary reported through REP. LAWLOR of the 99th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING CHANGES TO THE JUVENILE JUSTICE SYSTEM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 46b-149c of the general statutes is repealed and
2 the following is substituted in lieu thereof (*Effective October 1, 2002*):

3 With respect to truancy and other family with service needs cases,
4 the judicial branch shall:

5 (1) Coordinate and develop appropriate programs and services with
6 other state agencies that establish a continuum of services and
7 programs exclusively for youth in crisis and children in families with
8 service needs. Such services and programs shall include, but need not
9 be limited to, mentoring programs, day treatment, community-based
10 mental health interventions, including multisystemic therapy and
11 functional family therapy, emergency shelters and treatment foster
12 care;

13 (2) Establish protocols in cooperation with the Office of Policy and
14 Management, the Department of Children and Families and the
15 Department of Education for referral to community-based intervention
16 programs prior to referral of a case to the superior court for juvenile
17 matters;

18 (3) Develop and use procedures to evaluate the risk and service
19 needs of children whose cases have been referred to the superior court
20 for juvenile matters; [and]

21 (4) Collaborate with community-based programs;

22 (5) Collect and analyze, in conjunction with the Department of
23 Education, data regarding the incidence rate and causes of truancy and
24 develop appropriate intervention services to reduce excessive truancy
25 rates; and

26 (6) Establish, in conjunction with the Department of Education, a
27 pilot mentoring program for truant children in the eighth grade, for
28 the purpose of reducing truancy and school drop-out rates.

29 Sec. 2. Section 51-10c of the general statutes is repealed and the
30 following is substituted in lieu thereof (*Effective October 1, 2002*):

31 (a) There is established a Commission on Racial and Ethnic
32 Disparity in the Criminal Justice System. The commission shall consist
33 of the Chief Court Administrator, the Chief State's Attorney, the Chief
34 Public Defender, the Commissioner of Public Safety, the Commissioner
35 of Correction, the Commissioner of Children and Families, the Child
36 Advocate, the Victim Advocate, the chairperson of the Board of Parole,
37 the chairperson of the African-American Affairs Commission, the
38 chairperson of the Latino and Puerto Rican Affairs Commission, or
39 their designees, a representative of municipal police chiefs, a
40 representative of a coalition representing police and correctional
41 officers, six members, including representatives from children's
42 advocacy organizations, social services organizations and minority
43 youth organizations, appointed one each by the president pro tempore

44 of the Senate, the speaker of the House of Representatives, the majority
45 leader of the Senate, the majority leader of the House of
46 Representatives, the minority leader of the Senate and the minority
47 leader of the House of Representatives, and two members appointed
48 by the Governor. The Chief Court Administrator or said
49 administrator's designee shall serve as chairperson of the commission.
50 The commission shall meet at such times as it deems necessary.

51 (b) The commission shall:

52 (1) Develop and recommend policies for reducing the number of
53 African-Americans and Latinos comprising the pretrial and sentenced
54 population of correctional facilities and reducing the number of
55 African-Americans and Latinos who are victimized by crime;

56 (2) Examine the impact of statutory provisions and current
57 administrative policies on racial and ethnic disparity in the criminal
58 justice system and recommend legislation to the Governor and the
59 General Assembly to reduce such disparity;

60 (3) Research and gather relevant statistical data and other
61 information concerning the impact of disparate treatment of African-
62 Americans and Latinos in the criminal justice system;

63 (4) Develop and recommend a training program for personnel in
64 agencies involved in the criminal justice system concerning the impact
65 of disparate treatment of African-Americans and Latinos;

66 (5) Research and examine the issue of the use of guidelines by courts
67 when sentencing criminal defendants and recommend whether the
68 General Assembly should create a sentencing guidelines commission
69 to establish sentencing guidelines for state courts;

70 (6) Examine the implementation of policies and procedures that are
71 consistent with policies of the American Bar Association intended to
72 ensure that death penalty cases are administered fairly and impartially
73 in accordance with due process, to minimize the risk that innocent
74 persons may be executed and to eliminate discrimination in capital

75 sentencing on the basis of the race of either the victim or the defendant;

76 (7) Annually prepare and distribute a comprehensive plan to reduce
77 racial and ethnic disparity in the criminal justice system without
78 affecting public safety;

79 (8) Develop and recommend policies and interventions to reduce
80 the number of African-Americans and Latinos in the juvenile justice
81 system;

82 (9) Analyze on an annual basis the key stages in the juvenile justice
83 system to determine if any stage disproportionately affects racial or
84 ethnic minorities including the decision to arrest a juvenile, the
85 decision to turn a juvenile over to a detention center, the decision to
86 nonjudicially dispose of the case or to file a petition of delinquency,
87 and the decision to resolve the case by placement on probation,
88 placement in a residential facility or placement at Long Lane School or
89 the Connecticut Juvenile Training School;

90 (10) Annually prepare and distribute a juvenile justice plan having
91 as its goal the reduction of the number of African-Americans and
92 Latinos in the juvenile justice system, which plan shall include the
93 development of standard risk assessment policies and a system of
94 impartial review, culturally appropriate diversion programs for
95 minority juveniles accused of nonviolent felonies, intensive in-home
96 services to families of pretrial delinquents and youth on probation,
97 school programs for juveniles being transferred from detention centers,
98 Long Lane School or the Connecticut Juvenile Training School, the
99 recruitment of minority employees to serve at all levels of the juvenile
100 justice system, the utilization of minority juvenile specialists to guide
101 minority juvenile offenders and their families through the juvenile
102 justice system, and community service options in lieu of detention for
103 juveniles arrested for nonserious offenses. Such plan shall take into
104 account best practices found in other states to effectively reduce
105 disproportionate minority confinement;

106 (11) Develop a curriculum for training of all employees at all levels

107 of the juvenile justice system on issues of cultural competency and
108 strategies to address disproportionate minority confinement;

109 (12) Perform a racial disparity impact analysis upon any proposed
110 juvenile justice legislation or agency regulation, policy or procedure;
111 and

112 [(12)] (13) Submit an annual report to the Governor and the General
113 Assembly concerning:

114 (A) The number of African-Americans and Latinos comprising the
115 pretrial and sentenced population of correctional facilities;

116 (B) The progress being made toward reducing the number of
117 African-Americans and Latinos comprising the pretrial and sentenced
118 population of correctional facilities;

119 (C) The adequacy of legal representation for indigent defendants;

120 (D) The adequacy of the number of residential and nonresidential
121 treatment slots available for African-Americans and Latinos;

122 (E) The adequacy of the number of court interpreters; and

123 (F) Such other information as the commission deems appropriate.

124 (c) The commission shall report to the General Assembly, not later
125 than January first of each year, concerning additional resources that
126 should be made available to reduce racial and ethnic disparity in the
127 criminal justice system without affecting public safety.

128 Sec. 3. (NEW) (*Effective October 1, 2002*) (a) The Judicial Branch and
129 the Department of Children and Families shall develop a sufficient
130 number of community-based programs including, but not limited to,
131 multidimensional treatment foster care, multisystemic therapy,
132 functional family therapy, comprehensive mental health services and
133 family preservation programs to ensure that no child with mental
134 health or other specialized needs shall be placed in a detention center
135 due to the lack of such community-based programs.

136 (b) When a child is arrested on a warrant or pursuant to an order to
137 take into custody, such child shall be screened by an appropriate risk
138 assessment instrument by an independent intake officer who shall
139 present such information immediately to the court to determine the
140 appropriateness of graduated sanctions or community-based programs
141 in lieu of detention.

142 Sec. 4. (NEW) (*Effective October 1, 2002*) (a) There is established a
143 Detention Center Crowding Task Force to (1) study and implement
144 practices and procedures to reduce crowding in the juvenile detention
145 centers and to reduce the failure rates of children placed in alternative
146 residential detention programs and community detention programs,
147 and (2) develop a risk assessment instrument based upon a nationally
148 recognized risk and needs assessment that takes into account the
149 actual danger the child poses to the community. The task force shall
150 meet not less than twice a year, in addition to any additional meetings
151 required pursuant to subsection (e) of this section.

152 (b) The task force shall consist of the following members:

153 (1) The Chief Court Administrator or a designee;

154 (2) The Commissioner of Children and Families or a designee;

155 (3) The Child Advocate or a designee;

156 (4) Two juvenile court judges appointed by the Chief Court
157 Administrator;

158 (5) A public defender who practices in the juvenile court appointed
159 by the Chief Court Administrator;

160 (6) A prosecutor who practices in the juvenile court appointed by
161 the Chief Court Administrator;

162 (7) A juvenile probation officer appointed by the Chief Court
163 Administrator;

164 (8) The executive director of the Court Support Services Division or

165 a designee; and

166 (9) Two representatives from community providers, one of whom
167 shall be appointed by the Commissioner of Children and Families, and
168 one of whom shall be appointed by the Child Advocate.

169 (c) All appointments pursuant to subsection (b) of this section shall
170 be made no later than thirty days after the effective date of this section.

171 (d) The Chief Court Administrator shall be the chairperson of the
172 task force, and staff from the Judicial Branch shall serve as
173 administrative staff of the task force.

174 (e) When any juvenile detention facility meets or exceeds its rated
175 capacity by ten per cent, the Chief Court Administrator shall
176 immediately convene the task force to establish a plan to address such
177 crowding. The task force may consult national centers of best practices
178 and submit a plan to reduce crowding in juvenile detention centers
179 and improve the quality of community detention and alternative
180 detention programs. The plan shall target its recommendations to
181 reduce the populations who are most difficult to place, including, but
182 not limited to, arsonists, sexual offenders, sexually reactive youth,
183 youth with low intelligence quotients and youth with severe
184 psychiatric disabilities.

185 Sec. 5. (*Effective from passage*) The Judicial Branch shall arrange for an
186 assessment by a nationally recognized professional juvenile justice
187 organization to determine whether the current planned capacity of the
188 Hartford Juvenile Detention Center and the Bridgeport Juvenile
189 Detention Center is necessary or whether the development of
190 appropriate community alternatives can more adequately serve the
191 juvenile justice population. Such assessment shall also contain
192 recommendations to determine the feasibility of alternative uses of
193 such planned detention center space.

194 Sec. 6. Section 46b-132a of the general statutes is repealed and the
195 following is substituted in lieu thereof (*Effective October 1, 2002*):

196 (a) When deemed in the best interests of a child placed in a juvenile
197 detention center, community detention center or alternative detention
198 residential program, the administrator of such detention center or
199 program may authorize, under policies promulgated by the Chief
200 Court Administrator, such medical and mental health assessment and
201 treatment and dentistry as is necessary to ensure the continued good
202 health or life of the child. The administrator of [the] such detention
203 center or program shall make reasonable efforts to inform the child's
204 parents or guardian prior to taking such action, and in all cases shall
205 send notice to the parents or guardian by letter to their last-known
206 address informing them of the actions taken and of the outcome,
207 provided failure to notify shall not affect the validity of the
208 authorization.

209 (b) The Judicial Department shall establish a quality assurance and
210 monitoring system for all juvenile detention centers, community
211 detention centers and alternative detention residential programs for
212 the purpose of ensuring that children are provided with quality
213 medical and mental health services. The quality of medical and mental
214 health services provided by community detention centers and
215 alternative detention residential programs shall be equivalent to such
216 services provided by juvenile detention centers.

217 Sec. 7. Subsection (b) of section 20-14j of the general statutes is
218 repealed and the following is substituted in lieu thereof (*Effective*
219 *October 1, 2002*):

220 (b) The Chief Court Administrator shall (1) establish ongoing
221 training programs for personnel who are to administer medications to
222 detainees in juvenile detention centers, community detention centers
223 and alternative detention residential programs, and (2) adopt policies
224 to carry out the provisions of sections 20-14h and 20-14i concerning the
225 administration of medication to detainees in juvenile detention centers,
226 community detention centers and alternative detention residential
227 programs.

This act shall take effect as follows:	
Section 1	<i>October 1, 2002</i>
Sec. 2	<i>October 1, 2002</i>
Sec. 3	<i>October 1, 2002</i>
Sec. 4	<i>October 1, 2002</i>
Sec. 5	<i>from passage</i>
Sec. 6	<i>October 1, 2002</i>
Sec. 7	<i>October 1, 2002</i>

Statement of Legislative Commissioners:

In subsection (a) of section 3, "wrap-around mental health services" was changed to "comprehensive mental health services" for clarity; subsection (c) of section 3 was made section 4 and reorganized for better clarity, and in subsection (e) of section 4, "fire-setters" was changed to "arsonists" for accuracy; and subsection (d) of section 3 was made section 5 for better organization and clarity.

JUD *Joint Favorable Subst.*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Fund-Type	Agency Affected	Current FY \$	FY 03 \$	FY 04 \$
GF - Cost	Judicial Dept.	-	4,300,000	6,800,000
GF - Cost	Children & Families, Dept.; Education, Dept.	-	Significant	Significant

Note: GF=General Fund

Municipal Impact:

Effect	Municipalities	Current FY \$	FY 03 \$	FY 04 \$
Cost	Various Local Education Authorities	-	Significant	Significant

Explanation

This bill provides alternatives to juvenile detention and makes other changes to the juvenile justice system that result in significant costs to the Department of Children and Families and the Judicial Department. These costs would be partially offset by federal reimbursements, and could eventually be offset in part by state savings from a potential, future reduction in demand upon the corrections system and fewer juvenile detainees.

Section 1 - Continuum of Services and Truancy Prevention

It is estimated that it would cost the Judicial Department over \$3 million in FY 03 to implement a continuum of services and programs for youth in crisis (YIC) and children in families with

services needs (FWSN). (See table 1.) An estimated 1,075¹ youth would benefit from this program enhancement. This figure reflects the costs of enhancing services in the following areas:

1. community-based initiatives,
2. mental health assessments,
3. court sanctioned intervention programs, and
4. intensive care services.

TABLE 1 - Breakdown of Estimated Costs for Year 1

Initiatives	Estimated Costs
Community based initiatives	\$ 445,000
Mental health initiatives	\$ 42,000
Court sanctioned intervention programs	\$ 750,000
Intensive care initiatives	\$1.9 million
Judicial operations administration	\$ 140,000
Estimated Total	Approx \$ 3 million

The annual cost is expected to increase to \$9.5 million in the third year of the program (FY 05) as the Judicial Department brings online additional programmatic slots and administrative support to meet demand. The cost to hold a juvenile in a detention center is \$80,000 - \$90,000 annually. To the extent that the bill results in a reduction to the number of juveniles detained, a significant savings could result.

The bill mandates that the continuum of services include, but not be limited to the following service types: mentoring, day treatment, community-based mental health interventions including multisystemic therapy (MST), and functional family therapy, emergency shelters and treatment foster care. Projected average costs per client for each program model are presented below.

	Average Cost Per Client
1. mentoring programs	\$600

¹ The YIC population is estimated to be 550; the FWSN population is estimated to be 525.

2. day treatment	\$7,500
3. multisystemic therapy (MST)	\$7,500
4. functional family therapy	\$2,500
5. emergency shelters, and	\$200/day
6. treatment foster care	\$106/day

It should be noted that certain of these service types are either exclusively or predominantly provided by the Department of Children and Families (DCF), pursuant to either federal law (i.e., foster care), state law (i.e., day treatment) or past practice (i.e., emergency shelters). Therefore, a transfer of significant funds would be anticipated from the Judicial Department to DCF to implement this section. Any increase in Title IV-E eligible expenditures would generate additional revenues via partial federal financial participation.

The Department of Education (SDE) can assist in the collection and analysis of data regarding truancy within its anticipated budgetary resources. However, the cost to establish the pilot mentoring program for truant children under the bill would be significant. sHB 5019 (the Revised FY 03 Appropriations Act, as favorably reported by the Appropriations Committee) does not make any funds available to either the Judicial Department or the Department of Education for this purpose.

Section 2 – Juvenile Justice Planning and Racial Disparity

The bill's requirement that the Commission on Racial and Ethnic Disparity in the Criminal Justice System perform a racial disparity impact analysis upon any proposed juvenile justice legislation or agency regulation, policy or procedure would result in a significant workload increase and potential cost (depending upon implementation) to the agencies involved.

Section 3 – Development of Community-Based Programs

The bill requires the Judicial Branch and DCF to develop a “sufficient” number of community-based programs so that no child

with mental health or "other specialized needs" will be placed in detention solely due to lack of such programs.² It is estimated that up to 680 such youth would potentially benefit each year.

The scope of services to be developed would be dependent upon the specific needs of each youth, which cannot be determined at this time. However, the bill mandates that the program enhancement shall include, but not be limited to, the following service types: multidimensional treatment foster care, multisystemic therapy, functional family therapy, comprehensive mental health services and family preservation programs. Projected average costs per client for each program model are presented below.

	Average Cost Per Client
1. multidimensional treatment foster care	\$18,800
2. multisystemic therapy (MST)	\$7,500
3. comprehensive mental health services	\$15,000
4. family preservation programs	\$4,600
5. functional family therapy	\$2,500

For comparison purposes, should services to the 680 clients be evenly distributed across these program types, an annual cost of approximately \$6.6 million would result. Any increase in Title IV-E eligible expenditures would generate additional revenues via partial federal financial participation.

Implementation of Section 3 may lead to an increase in the number of children placed out of their home school district. For those children requiring special education services, the sending school district will incur costs of up to its average per pupil spending, while the Department of Education (SDE) will incur any costs in excess of this level.

This Section also requires the Judicial Department to screen any

² It should be noted that the expansion of community-based programs may be restricted by current zoning constraints.

child who is arrested in order to determine the appropriateness of graduated sanctions or community-based programs in lieu of detention. This conforms statute to current practice so there is no fiscal impact.

Section 4 – Detention Center Task Force

There would be a potential cost to the Judicial Department to provide administrative staff to the task force. It is unclear how often the task force would convene under the bill and whether additional administrative staff would be needed because the detention centers do not have rated capacities. The Judicial Department operates under a consent judgment with respect to capacity. It is anticipated that representatives of DCF, the Office of the Child Advocate and various criminal justice agencies can participate as members of the Task Force within each agency's respective anticipated budgetary resources.

Section 5 – Assessment of Juvenile Detention Expansion Need

It is anticipated that this assessment by an outside contractor could be a significant cost (over \$100,000) to the Judicial Department depending on the type of assessment that is convicted.

Section 6 –Monitoring of Medical and Mental Health

The bill requires the Judicial Department to establish a quality assurance system for all juvenile detention centers, community detention centers and alternative detention residential programs. The quality of medical and mental health services provided by community detention centers and alternative detention residential programs under the bill must be equal to such services provided by juvenile detention centers. The estimated cost of this provision, including additional mental health services and monitoring, would be approximately \$800,000, and would include psychiatric treatment in detention centers and alternatives to detention centers.

Section 7 – Training to Administer Medications

It is estimated that training could be conducted for personnel in community detention centers and alternative detention residential programs at a minimal additional cost to the Judicial Department. Currently, training is provided for personnel who administer medications to detainees in juvenile detention centers.

OLR Bill Analysis

sHB 5760

AN ACT CONCERNING CHANGES TO THE JUVENILE JUSTICE SYSTEM**SUMMARY:**

This bill:

1. requires the Judicial Department to develop a continuum of services and programs with other state agencies for youth in crisis and children in families with service needs,
2. requires the Judicial and Children and Families departments to develop community-based programs for children involved in the juvenile justice system,
3. requires an assessment of the necessity of the planned capacity of the Bridgeport and Hartford juvenile detention centers,
4. includes health care and medication provisions for juveniles in detention and alternative programs,
5. creates the Detention Center Crowding Task Force to study and implement procedures to reduce overcrowding, and
6. alters the composition and responsibilities of the Commission on Racial and Ethnic Disparity.

EFFECTIVE DATE: October 1, 2002, except for the provision requiring the assessment of the Bridgeport and Hartford juvenile detention centers which is effective on passage.

YOUTH IN CRISIS AND FAMILY WITH SERVICE NEEDS CASES

Under the bill, the Judicial Department must develop programs and services with other state agencies that establish a continuum of services and programs exclusively for youth in crisis and children in families with service needs. These programs must include mentoring; day treatment; community-based mental health interventions, including multisystemic therapy and functional family therapy; emergency shelters; and treatment foster care. The department currently is required only to coordinate the activities of other state agencies.

The bill also requires the department, with the Education Department,

to:

1. collect and analyze data on the prevalence and causes of truancy and develop services to reduce truancy rates and
2. establish a pilot mentoring program for truant eighth-graders to reduce truancy and school drop-out rates.

DEVELOPING COMMUNITY-BASED PROGRAMS

The bill requires the Judicial and Children and Families departments to develop enough community-based programs to ensure that no child with mental health or other specialized needs is placed in a detention center because the community-based programs are full. These must include multidimensional treatment foster care, multisystemic therapy, functional family therapy, comprehensive mental health services, and family preservation programs.

Under the bill, an independent intake officer must screen children arrested or taken into custody by court order. Intake officers must use an appropriate risk assessment instrument and present the information immediately to the court for use in determining the appropriateness of graduated sanctions or community-based programs instead of detention.

NATIONAL ASSESSMENT OF HARTFORD AND BRIDGEPORT JUVENILE DETENTION CENTERS

The bill requires the Judicial Department to get a nationally recognized professional juvenile justice organization to assess whether the current planned capacity of the Hartford and Bridgeport juvenile detention centers is necessary or whether the development of appropriate community alternatives can more adequately serve the juvenile justice population. The assessment must also contain recommendations on the feasibility of alternative uses of the planned detention center space.

MENTAL HEALTH AND MEDICAL SERVICES FOR JUVENILES

The bill requires medical and mental health services provided by community detention centers and alternative detention residential programs to be equal to the services provided by juvenile detention centers. It directs the Judicial Department to establish a quality assurance and monitoring system for all juvenile detention and community and alternative detention programs to ensure that children

receive quality medical and mental health services.

The bill also authorizes community or alternative residential detention program administrators to authorize medical, dental, and mental health assessments and treatment for children placed with them when necessary to ensure the child's continued good health. It also permits juvenile detention facility administrators to authorize mental health assessments and treatment. Current law authorizes facility administrators to order dental and medical examination and treatment only.

Existing parental notification requirements apply under the bill.

Medication Administration Training

The bill requires the chief court administrator to (1) establish ongoing training programs for personnel who administer medication to juveniles in community and alternative detention residential programs and (2) adopt policies for administering medication in these locations. He must already do this for people giving medication at juvenile detention centers.

DETENTION CENTER CROWDING TASK FORCE

The bill establishes the Detention Center Crowding Task Force to:

1. study and implement practices and procedures to reduce (a) crowding in the juvenile detention centers and (b) the failure rates of children placed in alternative residential and community programs and
2. develop a risk assessment instrument based on a nationally recognized risk and needs assessment that takes into account the actual danger the child poses to the community.

The task force must meet at least twice a year, and whenever the occupancy of a juvenile detention facility reaches 110% of its rated capacity.

In the latter circumstance, the chief court administrator must immediately convene the task force to establish a plan to address the overcrowding. It may consult national experts and submit a plan to reduce juvenile detention center crowding and improve the quality of

community-based and alternative detention residential programs. The plan must target its recommendations at reducing the number of the hardest-to-place juveniles, including arsonists, sexual offenders, sexually reactive youth, and those with low IQs or serious psychiatric disabilities.

Task Force Composition

The following officials, or their designees, are on the task force:

1. chief court administrator (however, since the bill makes the chief court administrator the task force chairman, it appears that he cannot designate someone else to serve in his place),
2. children and families commissioner,
3. child advocate, and
4. Judicial Department's Court Support Services Division executive director.

The chief court administrator must appoint two juvenile court judges, a juvenile probation officer, and a public defender and prosecutor who practice in the juvenile court. The children and families commissioner and child advocate each appoint a community provider representative. All appointments must be made by October 31, 2002. The appointing authority fills vacancies. The Judicial Department provides administrative staff.

EXPANDED DUTIES OF COMMISSION ON RACIAL AND ETHNIC DISPARITY

The bill directs that the six legislatively appointed public members of the 19-member Commission on Racial and Ethnic Disparity in the Criminal Justice System include representatives of children's advocacy, social services, and minority youth organizations. It requires the commission to analyze the key stages in the juvenile justice system annually to determine if any stage disproportionately affects racial or ethnic minorities. Current law requires the commission to conduct this analysis, but not on an annual basis.

The commission's annual juvenile justice plan, under the bill, must take into account best practices found in other states to reduce disproportionate minority confinement. It must also perform a "racial disparity impact analysis" on any proposed (1) juvenile justice

legislation or (2) agency regulation, policy, or procedure.

BACKGROUND

Youth in Crisis

A youth in crisis is a 16-year-old who comes under juvenile court jurisdiction because he has run away from home without just cause, is beyond his parents' control, or has multiple unexcused absences from school. The court can require the youth to participate in community service, require him to go to school or some other educational program, restrict his driving, and require mental health services.

Families With Service Needs

Families with service needs are those with a child under age 16 who (1) has run away, (2) is beyond parental control, (3) has engaged in indecent or immoral conduct, (4) is truant or defiant of rules when in school, or (5) is at least age 13 and has had sexual relations with someone who is less than two years older or younger.

Related Bill

sHB 5176, (File 260), An Act concerning Youth in Crisis, makes 17-year-olds eligible for youth in crisis services.

COMMITTEE ACTION

Judiciary Committee

Joint Favorable Substitute

Yea 41 Nay 0